Case 1 (Part 1)

ID: Mrs. Rebecca Stayner

Mrs. Stayner is a 78 year old female who is presenting to the emergency department with right arm pain. She is currently being treated for metastatic breast cancer. Her chemotherapy is palliative, as she is trying to maintain longevity. Her current pain regimen organized by her palliative care physician (who works at another hospital) is not cutting it at the moment.

PMHx:

1. *Metastatic Breast Cancer*
    - *Right-sided lumpectomy (2014)*
    - *Subsequent bilateral mastectomy (2015)*
    - *Adjuvant chemotherapy and radiation therapy (2015)*
    - *Known mets to liver/lungs/bones [pelvis, spine]*
    - *Next follow-up with oncology is in 2 weeks.*
2. *Hypertension*
3. *Hypercholesterolemia*
4. *Diabetes 2*

Medications:

1. *Tamoxifen 20 mg po daily*
2. *MS Contin 60 mg po bid*
3. *Morphine IR 20 mg po q1h prn*
4. *Perindopril 4 mg po daily*
5. *Crestor 10 mg po daily*
6. *Metformin 1000 mg po bid*
7. *ASA 81 mg daily*
8. *Docusate enema 10 mg PR PRN*

Vitals:
T: 37.4 HR: 105 BP: 132/74 RR: 18 SpO2: 96% room air

She reports her pain as radiating throughout her right arm, but on brief examination you notice a focal amount of pain in the proximal humerus. There is also some swelling and mild erythema at the site. The edema appears to be in the forearm as well, though more subtle. She has significant decreased ROM due to the pain.

Discussion Questions:

1) What is your initial approach to this patient?
2) What other questions would you want to ask Mrs. Stayner?
3) What is on your differential?

Case 1 (Part 2)

You have completed your assessment of Mrs Stayner. From a physical standpoint, there are no other foci of significant pain. Her vitals are stable. The right arm is neurovascularly intact, but severely painful to touch.

On history she denies any fever/chills in the previous week. She indicates there have been no changes to her medications. The last PET scan she had was 4 months ago and to her knowledge, there was no evidence of bony mets to her arm. She indicates that her morphine dose has been increasing over the past few visits to palliative care and she is not sure it is working well for her. She does not endorse symptoms of opioid neurotoxicity. She does admit to worsening of her bowel movements. She has had no VTE history.

Socially, she lives at home with her husband Rick and they are managing well. They have lots of support from friends and family. She remains independent for her ADLs and only uses a cane on ambulation for support. Aside from the constipation, she has been eating well and maintaining her weight.

She is in quite a bit of pain and is wondering what you are going to do for her. She is hopeful you can make things better so she can return home, as she does not enjoy staying in the hospital.

Discussion Questions:

1) What diagnostic tests (if any) will you arrange for Mrs. Stayner's
2) Which medication(s), dose(s), route(s) will you use to treat Mrs. Stayner's pain in the ED. How do you calculate this? What frequency of dosing will you use?
3) What are signs and symptoms of opioid neurotoxicity? How does this differ from opioid toxicity?

Case 1 (Part 3)

Summary of investigations:

- *Venous Doppler – no e/o DVT*
- *Xray – Evidence of bony metastasis with likely fracture of proximal humerus. Non-displaced.*
- *Bloodwork – CBC normal. Nil else acute.*

Her pain has improved in the department and she is sitting comfortably in the sling you have provided her.

You have decided that given her limited improvement to Morphine and improved response to hydromorphone in the emergency department, you would like to transition her to HM for home pain management.

Discussion Questions:

1) Please complete a prescription for Mrs. Stayner to head home with – include scheduled and breakthrough dosing
2) What other pain management options could you consider if she was unable to take PO medication?
3) What side effects of opioids do you anticipate and how will you manage these?
4) How can you facilitate her palliative care management going forward with her oncologist and palliative care specialist?

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